

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	FB		11-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	917	12-28-01
RESPONSE FORMALITY REVIEW	A.T	1071	01/29/02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	0
13	0
14	0
15	✓
16	0
17	0
18	0
19	0
20	0
21	0
22	✓
23	0
24	0
25	✓
26	✓
27	✓
28	0
29	✓
30	✓
31	✓
32	0
33	0
34	0
35	0
36	0
37	✓
38	0
39	✓
40	0
41	0
42	0
43	✓
44	✓
45	✓
46	0
47	0
48	0
49	✓
50	0

Claim	Date
Final Original	
51	✓
52	✓
53	0
54	0
55	0
56	0
57	0
58	0
59	✓
60	0
61	0
62	0
63	✓
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	✓
71	=
72	0
73	0
74	0
75	0
76	0
77	0
78	0
79	0
80	0
81	0
82	0
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90	0
91	0
92	0
93	0
94	0
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96	0
97	0
98	0
99	0
100	0

Claim	Date
Final Original	
101	0
102	0
103	0
104	0
105	0
106	0
107	0
108	0
109	0
110	0
111	0
112	0
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144	0
145	0
146	0
147	0
148	0
149	0
150	0

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

858
2/12/02